

Bureau of Health Care Quality & Compliance

PRINTED: 12/04/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN556S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/01/2009
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE OF NORTHERN NEVADA			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 BARING BLVD SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	Initial Comments Surveyor: 13812 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 12/1/09 and finalized on 12/1/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00023605 was substantiated with deficiencies cited. (See Tag Z310) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000	This Plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Hearthstone of Northern Nevada agrees with the allegations and citations listed on the statement of deficiencies. Hearthstone maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Hearthstone's written credible allegation of compliance. By submitting this plan of correction, Hearthstone does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Hearthstone reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.		
Z310 SS=D	NAC449.74493 Notification of Changes or Condition 1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when: (a) The patient has been injured in an accident and may require treatment from a physician; (b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or	Z310	Z310 Notification of Changes or Condition What corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident # 1 had code status changed back to a full code according to legal guardian's direction. A large note was placed on the front of resident # 1's chart indicating that no medical decisions could be made for this resident unless directed by the legally appointed guardian. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: An audit of all residents with legal guardians will be performed and code status will be reviewed to ensure the legal guardian's direction has been followed. Social Services Responsible.		

If deficiencies are cited, an approved plan of correction must be returned within 10 days at receipt of this statement of deficiencies.

Molly Larson
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

UQX811

If continuation sheet 1 of 2

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BUREAU OF LICENSING
AND CERTIFICATION
CARSON CITY, NEVADA

Bureau of Health Care Quality & Compliance

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Z310	Continued From page 1 complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to contact the resident's legal guardian prior to changing the code status from a full code as designated by the legal guardian to a do not resuscitate for 1 of 3 residents. (Resident #1) Severity: 2 Scope: 1	Z310	What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur: Nursing staff will be re-educated on the proper procedure of contacting the legal guardian on all decisions involving the resident. A note will be placed on the front of the chart of all residents having a legal guardian or an Activated Power of Attorney. Social Services/DOE responsible How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not recur: New admission charts will be brought to morning stand up meeting to review the status of Legal Guardian or Activated Power of Attorneys. Reviews will be completed during Care Plan meetings and updated accordingly. Nursing/Social Services will be responsible.		

COMPLETE DATE
12/23/09

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STATE FORM

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If continuation sheet 2 of 2

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